

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/14/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155241		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/17/2011	
NAME OF PROVIDER OR SUPPLIER FOREST CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 525 E THOMPSON RD INDIANAPOLIS, IN46227			
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F0000	<p>This visit was for investigation of Complaint Number IN00098258.</p> <p>Complaint Number IN00098258-Substantiated, no deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies cited</p> <p>Survey date: October 17, 2011</p> <p>Facility Number: 000145 Provider Number: 155241 AIM Number: 100275110</p> <p>Survey Team: Mary Jane G. Fischer, RN PHNS TC</p> <p>Census Bed Type: SNF: 22 SNF/NF: 98 Total: 120</p> <p>Census Payor Type: Medicare: 26 Medicaid: 76 Other: 18 Total: 120</p> <p>Sample: 5</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in th statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Review on or after November 16, 2011.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 SS=D	<p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on October 19, 2011 by Bev Faulkner, RN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to ensure the physician orders/plan of care were followed in that when a resident had a an order for a daily dressing change to the suprapubic catheter site, the nursing staff failed to ensure the physician orders were followed for 1 of 3 resident's reviewed for catheters in a sample of 5. [Resident "A"].</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 10-17-11 at 10:00 a.m. Diagnoses included but were not limited to cerebral vascular accident, trans-ischemic attacks, diabetes, anxiety and dysphasia. These diagnoses remained current at the time of the record review.</p>			F0282	<p>Employee # 7 applied treatment to suprapubic cath as ordered for Resident A. Resident A's treatment order was clarified to include nursing will check site every shift for placement. An audit was conducted to ensure all residents have treatments as ordered by physicians, with plan of care updated as indicated. Staff Development Coordinator (SDC) or designee will educate nursing staff on ensuring that all dressings are in place as ordered by physician. Director of Nursing Services (DNS) or designee will perform Treatment Administration Record (TAR) audits weekly x 4, bi-weekly x 2, then monthly for 3 months. DNS or designee will perform random checks of dressing placements on varying residents and shifts 5 times per week x 1 month. The TAR audit tool will be reviewed in the</p>		11/16/2011

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	<p>The record also indicated the resident had a tracheostomy, gastrostomy feeding tube and a suprapubic catheter.</p> <p>Review of the physician orders and the current physician re-write for October 2011 and included an order dated 05-06-11 instructing the nursing staff to "change suprapubic dressing with dry split dressing daily."</p> <p>Review of the resident's current plan of care, dated 08-15-11, indicated "resident requires a suprapubic catheter, incontinent bowel, needs assistance with toileting and peri care, hx [history] UTI [urinary tract infection]."</p> <p>During an observation on 10-17-11 at 1:45 p.m., the resident was seated in a Broda chair in the Activity center. A request was made to conduct a body assessment of the resident. Certified Nurses Aides Employees #5 and #6 transported the resident from the Activity center to the resident's room and then transferred the resident from the Broda chair to bed via a mechanical lift.</p> <p>A request was made at this time to assess the insertion site of the suprapubic catheter. As Licensed Practical Nurse Employee #7 separated the skin of the abdominal folds, a thick stringy drainage</p>				<p>monthly Quality Assurance (QA) meeting by the Continuous Quality Improvement (CQI) committee. CQI committee includes the Administrator, Director of Nursing Services, Medical Director, Staff Development Coordinator, and other department directors. If threshold of 90% is not met, an Action Plan will be developed. Deficiency in this practice will result in disciplinary action, up to and including termination of the responsible employee.</p>		

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F0312 SS=D	<p>was observed between the folds of skin and adjacent to the insertion site of the suprapubic catheter. During this observation, Licensed Practical Nurse Employee #7 indicated the resident was "supposed to have a dressing around it [in reference to the insertion site]."</p> <p>3.1-35(g)(2)</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation and record review, the facility failed to ensure the hygienic needs of a resident were met in that when a resident was dependent upon nursing staff for activities of daily living, the Certified Nurses Aide [Employee #5] failed to provide adequate pericare for 1 of 2 residents reviewed for dependence of care in a sample of 5. [Resident "A"].</p> <p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 10-17-11 at 10:00 a.m. Diagnoses included but were not limited to cerebral vascular accident, trans-ischemic attacks, diabetes, anxiety and dysphasia. These diagnoses remained</p>		F0312	<p>Employee # 5 received disciplinary action for failing to provide peri-care per facility policy. Resident A received proper peri-care, including removal of excess barrier cream. Application of cream was applied to Resident A as ordered. SDC or designee will educate nursing staff on facility policy and procedure for providing perineal care to ensure all residents receive care as needed. SDC or designee will conduct peri-care skills validations to all nursing staff inservice to ensure successful demonstration of peri-care. Peri-care skills validation will be added to new employee orientation. Inservice training on peri-care will be added to facility Annual Inservice Calendar, to ensure annual</p>		11/16/2011	

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	<p>current at the time of the record review. The record also indicated the resident had a tracheostomy, gastrostomy feeding tube and a suprapubic catheter.</p> <p>Further record review indicated the resident had recently been readmitted to the facility from a local area hospital with a discharge diagnosis which included urinary tract infection.</p> <p>Review of the Minimum Data Set assessment, dated 08-31-11, indicated the resident required total care for hygienic needs and was incontinent of bowel.</p> <p>Review of the resident's current plan of care, dated 08-15-11, indicated the resident had a "Self care deficit related to inability to independently perform activities of daily living, cognitive and communication deficits...."</p> <p>Interventions to this plan of care included "Incontinent care as needed."</p> <p>During an observation on 10-17-11 at 1:45 p.m., the resident was seated in a Broda chair in the Activity center. A request was made to conduct a body assessment of the resident. Certified Nurses Aides Employees #5 and #6 transported the resident to the resident's room and then transferred the resident</p>				<p>training is provided to nursing staff. DNS or designee will conduct random skills validation check offs on varying shifts and varying nursing staff. Random skills validations will be completed 3 times per week for 4 weeks, then monthly for 3 months. The peri-care skills validation tools will be reviewed in the monthly QA meeting by the CQI committee. If threshold of 90% is not met, an action plan will be developed.</p>		

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	<p>from the Broda chair to bed via a mechanical lift.</p> <p>Certified Nurse Aide #5 instructed Certified Nurse Aide #6 to move the resident in her direction by using the quilted underpad. As the Certified Nurses Aides positioned the resident to the right side of the bed, Certified Nurse Aide #6 instructed the resident to turn slightly more onto the right side with their assistance. The resident attempted to assist and the Certified Nurses Aides positioned the resident on the right side. Certified Nurse Aide #6 unfastened the incontinent brief and rolled the brief onto itself and under the hips of the resident. The resident was then positioned/rolled to the opposite side of the bed, positioned onto the left side and Certified Nurse Aide #5 pulled and tugged on the incontinent brief until she was able to removed it from the resident.</p> <p>The Certified Nurse Aides indicated the resident's brief was soiled with feces and then used the soiled brief to wipe stool from the resident's skin.</p> <p>The Certified Nurses Aide instructed the resident to remain on the left side. Certified Nurse Aide #5 exited the resident room and then re-entered with two washcloths. The Certified Nurse Aide went into the bathroom, turned on</p>						

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	<p>the water, and returned to the resident's bedside with wetted washcloths. The Certified Nurses Aide #5 donned gloves, picked up a washcloth and while the resident was positioned to the left side, wiped the stool from the resident's buttocks, and using the washcloth cleansed the resident front to back in one motion. The Certified Nurse Aide folded the soiled washcloth and placed the washcloth into a plastic bag.</p> <p>The Certified Nurses Aide #5 repeated the cleaning of the resident with the second washcloth, again wiping from front to back and then placed the soiled washcloth into the plastic bag.</p> <p>The Certified Nurse Aide #5 then indicated she was going to apply a protective cream to the resident's bilateral buttocks. During this observation the resident's buttocks were already "covered/caked" with the protective cream.</p> <p>The Certified Nurses Aides then positioned the resident from side to side and applied a new incontinent brief.</p> <p>During this observation the Director of Nurses was in attendance.</p> <p>Review of facility policy on 10-17-11 at 3:30 p.m., titled "Peri-care," and dated</p>						

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	<p>01-2010, indicated the following:</p> <p>"A. Purpose [bold type] - 1. To cleanse the perineum for prevention of infection irritation and to contribute to the resident's positive self-image."</p> <p>"B. Equipment [bold type] - 1. washcloth or disposable wipes and towel, 2. incontinence product (brief, pad, liner, etc) if applicable, 3. peri wash or soap, 4. wash basin, 5. gloves, 6. bags for disposal of trash and laundry."</p> <p>"C. Procedure [bold type] - 1. verify resident and explain procedure, 2. obtain necessary equipment and provide for privacy, 3. wash hands, 4. position resident in supine position, 5. drape resident, 6. apply gloves, 7. remove disposable brief or pad, 8. wipe off any excess feces with toilet paper or clean area of brief or pad, 9. roll the brief or pad up to ensure the inside contents are contained, 10. place brief or pad in plastic bag, 11. remove soiled gloves and wash hands. 12. fill basin with warm water or wet clean cloth with warm water from sink, 13. apply clean gloves, 14. [bold type] If resident has catheter, check for leakage, secretions or irritations. Gently wipe four inches of catheter from meatus out, 15. wipe from front to center of perineum to thighs. Change washcloth as</p>						

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	<p>necessary, 16. Female: using per care product and wet wash cloth, wash labia first. Always wash from front to back. Be sure to spread the labia and cleanse thoroughly. Rinse and dry completely. Turn resident to the side and cleanse anal area thoroughly. Rinse and dry completely. 17. Male: wash from front to back, using peri care product or soap. Be certain to pull the foreskin of penis back for cleansing (if male uncircumcised). Rinse and dry thoroughly. Turn resident to side and cleanse anal areas thoroughly. Rinse and dry completely. 18. Place soiled wash cloth in bag. 19. Remove gloves..."</p> <p>3.1-38(a)(3)(A)</p>						